

117TH CONGRESS  
1ST SESSION

# H. R. 4292

To provide for the establishment of COVID–19 and pandemic response centers of excellence, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 30, 2021

Ms. VELÁZQUEZ (for herself, Mr. KATKO, Mr. PASCRELL, Ms. JOHNSON of Texas, Mrs. CAROLYN B. MALONEY of New York, Mr. TONKO, Ms. CLARKE of New York, Ms. SEWELL, Mr. CARSON, Mr. SUOZZI, Ms. MENG, Mr. HIGGINS of New York, Mr. ALLRED, Mr. VEASEY, Ms. ROSS, Mrs. FLETCHER, and Mr. Sires) introduced the following bill; which was referred to the Committee on Energy and Commerce

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# A BILL

To provide for the establishment of COVID–19 and pandemic response centers of excellence, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*

2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “COVID–19 and Pan-

5       demic Response Centers of Excellence Act”.

1   **SEC. 2. COVID-19 AND PANDEMIC RESPONSE CENTERS OF**  
2                   **EXCELLENCE.**

3       (a) IN GENERAL.—Not later than 90 days after the  
4 date of enactment of this Act, the Secretary of Health and  
5 Human Services (referred to in this Act as the “Sec-  
6 retary”) shall award grants, contracts, or cooperative  
7 agreements to academic medical centers for the establish-  
8 ment or continued support of not less than 10 centers of  
9 excellence to address issues associated with—

- 10                  (1) COVID–19, including—  
11                              (A) testing and diagnostics, including  
12                                      availability and accessibility;  
13                              (B) patient care, including related follow-  
14                                      up care for COVID–19 survivors;  
15                              (C) best practices in the use of supplies  
16                                      and therapeutics;  
17                              (D) mental health treatment of frontline  
18                                      health care workers and other caregivers;  
19                              (E) health, health care disparities, and  
20                                      best practices for promoting health equity;  
21                              (F) research; and  
22                              (G) education and training, including for  
23                                      health professionals, scientists, and commu-  
24    nities; and  
25                          (2) future pandemic preparedness and response,  
26                                      including—

(C) readiness to conduct or contribute to basic, clinical, translational, and implementation research into novel or existing public health threats, such as participating in diverse clinical trial research or vaccine, diagnostic, or therapeutic development, however appropriate.

15       (b) ELIGIBILITY.—To be eligible to receive a grant,  
16 contract, or cooperative agreement under subsection (a),  
17 an entity shall—

18 (1) be an academic medical center; and

23 (A) how the entity will conduct or con-  
24 tribute to the activities described in such sub-  
25 section;

(B) how many individuals with COVID-19 the entity has cared for and the entity's continued capacity and expertise to provide such care, and how the entity improves health outcomes for such individuals, and reduces health inequities among such individuals;

(C) how the entity plans to comprehensively care for COVID-19 survivors;

(D) how the entity identifies and addresses the mental health needs of the frontline health care workforce to ensure the ability of such individuals to continue to care for the community, in addition to current and future COVID–19 patients;

(E) how the entity will conduct research and address health and health care inequities by identifying, implementing, or developing COVID-19 evidenced-based strategies and interventions and engaging the populations heavily impacted by COVID-19 in their community;

(F) how the entity will engage with the community and share information concerning COVID-19 basic, clinical, translational, and

1 implementation research, including vaccine re-  
2 search;

3 (G) the most significant risk factors and  
4 comorbidities of COVID–19 patients observed  
5 by the entity and strategies employed by the en-  
6 tity to reduce the risk of COVID–19 trans-  
7 mission;

8 (H) the long-term health effects of  
9 COVID–19 and effective treatments utilized by  
10 the entity to treat those infected with COVID–  
11 19;

12 (I) secondary factors in COVID–19 mobil-  
13 ity and mortality identified by the entity, such  
14 as antibiotic resistant infections and blood clot-  
15 ting disorders;

16 (J) how the entity will collaborate with  
17 other health care institutions, public health  
18 agencies, and community-based organizations to  
19 ensure equitable care to marginalized and un-  
20 derserved populations, including rural and eth-  
21 nic minority communities;

22 (K) how the entity will conduct research  
23 involving the unique pathophysiology of  
24 COVID–19 in children and adolescents and  
25 unique needs of pregnant women; and

(L) how the entity is prepared to contribute to advance planning and real-time response efforts for subsequent outbreaks that present a significant potential to imminently become a national public health emergency.

**6** (c) ADVISORY COMMITTEE.—

16 (A) The Director of the Centers for Dis-  
17 ease Control and Prevention

20 (C) The Commissioner of Food and Drugs

(E) The Secretary of Defense

(G) A representative from each center of excellence established under this section.

(H) Not more than 20 representatives from national organizations that work with and can represent populations disproportionately impacted by COVID-19, populations vulnerable for disproportionate impact during a subsequent pandemic, and populations disproportionately impacted by other health disparities.

10                             (2) MEETINGS.—The advisory committee under  
11                             paragraph (1) shall convene not less than twice an-  
12                             nually.

18 (d) COVID-19 AND PANDEMIC RESPONSE CENTERS  
19 OF EXCELLENCE PROGRAM FUND —

1                             (2) APPROPRIATIONS.—Out of any funds in the  
2                             Treasury not otherwise appropriated, there are au-  
3                             thorized to be appropriated, and there are appro-  
4                             priated, to the Fund, \$500,000,000 for the second  
5                             calendar quarter of fiscal year 2022.

6                             (e) AMOUNT OF AWARD.—The amount of an award  
7                             to a center of excellence under subsection (a) shall be not  
8                             less than \$10,000,000 for the first calendar quarter of fis-  
9                             cal year 2022, and \$5,000,000 for each of fiscal years  
10                             2023, 2024, 2025, 2026, and 2027.

11                             (f) CONDITION.—Each center of excellence shall, as  
12                             a condition of receipt of funds under subsection (a), sub-  
13                             mit to the Secretary a budget that describes the activities  
14                             to be funded under the award, which may include the pur-  
15                             chasing of equipment, costs related to construction, and  
16                             other such activities that contribute to the center's ability  
17                             to address the issues described in subsection (a) and to  
18                             address and prepare for future pandemics.

19                             (g) REPORTING PROCESS.—An entity that receives  
20                             an award under this section shall work with an office with-  
21                             in the Department of Health and Human Services, as des-  
22                             ignated by the Secretary, to submit annual progress re-  
23                             ports and other such annual reports determined necessary  
24                             by the Secretary.

1       (h) DISTRIBUTION.—In awarding grants under this  
2 section, the Secretary shall, to the extent practicable, en-  
3 sure an equitable national geographic distribution of the  
4 grants, contracts, or cooperative agreements, including  
5 areas of the United States where the incidence of COVID–  
6 19 cases or cases of a disease responsible for a subsequent  
7 pandemic, is highest.

8       (i) ADVISORY COMMITTEE REPORTING.—Not later  
9 than 1 year after the date of enactment of this Act, and  
10 every year thereafter, the advisory committee established  
11 under subsection (c) shall submit to the Committee on  
12 Health, Education, Labor, and Pensions of the Senate and  
13 the Committee on Energy and Commerce of the House  
14 of Representatives a report which shall include a syn-  
15 thesized analysis of all Centers of Excellence grantees  
16 findings, best practices determined for each item specified  
17 under paragraphs (1) and (2) of subsection (a), policy rec-  
18 commendations, and other reports determined necessary by  
19 the Secretary.

20       (j) ACADEMIC MEDICAL CENTER DEFINED.—In this  
21 section, the term “academic medical center” means—

22           (1) an institution with—  
23              (A) integrated health care delivery;  
24              (B) medical education and training; and

- 1                   (C) basic, clinical, translational, and imple-  
2                   mentation research operations; and  
3                   (2) an institution that meets such other criteria  
4                   as the Secretary may establish.

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